

STATE OF WASHINGTON DEPARTMENT OF EARLY LEARNING

Date			

Address City, ST Zip

Name

Dear Name:

Your child care license will expire on Date. To renew your license, you must return your completed application by Date. Please return your application to the Department of Early Learning (DEL) at the following address.

Name Address City, ST Zip

If you do not plan to renew your license or are not providing child care, please contact DEL immediately.

The following items are enclosed to assist you with the renewal process:

- Application form
- Licensing Checklist
- Background Authorization forms

You will receive an invoice/coupon from Financial Services Administration (FSA) with an envelope and instructions on where to mail your fee. Please fill out the coupon and mail your fee to FSA promptly to avoid delays in renewing your license.

After I receive your renewal application and notification that your fee has been paid, I will contact you to schedule an inspection visit to your facility. I encourage you to call if you have questions. The service you provide to children, families, and our community is greatly appreciated.

Sincerely,

Name Child Care Licensor cc

Enclosures